U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 529/

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

		1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.		4. Name, file number, and address of labor organization.	
Name Bertram	B MacDonald	Name United Association Plumbers & Pipefitters	
		Labor Organization File Number OOO 11	
P.O. Box, Bldg., Room No	o., if any	P.O. Box, Building and Room Number, if any	
Street 5001 Malaga Dr		Street 901 Massachusetts Ave, N.W.	
La Palma		City Washington	
State California	ZIP Code + 4 90623	State District of Columbia ZIP Code + 4 20013	
Position in labor organiza	ation. Special Representative		
. Name and address of Employer (including trade name, if any). Name Trade Name, if any:		7.a. Nature of Interest, Transaction, or Income.	
P.O. Box, Bldg., Room No	o if any		
Street		7.b. Amount.	
Street			
\$ 6 			
City (ZIP Code + 4	TO STATE OF THE PARTY OF THE PA	
City 5	ZIP Code + 4	Signature	
State 15. Signature and verifisubmitted in this report (in	cation. The undersigned declares, under p	Signature Penalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the ee the section on penalties in the instructions.)	
State 15. Signature and verifisubmitted in this report (in	cation. The undersigned declares, under p	penalty of Perjury and other applicable penalties of the law, that all of the information companying documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing Bertram MacDonald	File Number C	J-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name National Inspection TestingCertification Inc Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 501 Shatto Place Suite 201 City Los Angles State California ZIP Code + 4 90020	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Piping Industry Progress and Education TF Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 501 Shatto Place Suite 200	11.a. Nature of such dealing. Christmas Gifts/lodgeing			
***************************************	11.b. Approximate dollar value of such deal	ing. \$1,645		
City Los Angeles 12.a. Nature of interest held or income received.				
State California ZIP Code + 4 90020	Christmas Gift			
	12.b. Amount.	\$179		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	TO STATE OF THE ST		
Name:				
Trade Name if any		ava (b. Cara ya na s		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant ?	ranown or paymonic			